FUNDRAISING EVENT APPLICATION FORM

Please note, an asterisk (*) indicates that you must include this information.

Contact information

*Name of individual/organization/group planning event

*Purpose of organization, if applicable

*Any existing relationship with UK HealthCare or College of Medicine? Yes No

*Contact person (first and last name) Title, if applicable

*Mailing address

*City *State *Zip

*Phone number *Email

Event information

*Event name *Event date Event time

Event location

*Event description

*Has this event taken place before? Yes No If yes, when?

Please list any corporate sponsors that will be involved (if known)

*This event is: By invitation only Open to the public

*Projected attendance

Proposed event promotion and publicity Press release Fliers Radio/TV Billboards Magazine Newspaper Social media

Financial information and use of funds

*Please indicate the UK HealthCare or UK College of Medicine unit you wish to receive the proceeds from your event:

UK HealthCare greatest need
Golisano Children's at UK
Barnstable Brown Diabetes Center
Kentucky Neuroscience Institute
Markey Cancer Center
Gill Heart Institute
UK College of Medicine
Other (fill in)

*If your fundraiser will benefit other organizations in addition to a UK HealthCare/UK College of Medicine unit, please list them here:

Event ticket price *Percentage of proceeds to be donated

*Estimated revenue to be donated

I have read the UK HealthCare and UK College of Medicine's event guidelines and application in full; I/we agree to adhere to those guidelines in planning and executing our event/activity. I/we understand that the guidelines are not comprehensive and that all decisions for the event/activity, including safety precautions, remain the responsibility of the event/activity sponsor. UK HealthCare and UK College of Medicine and all other respective affiliates do not accept or assume liability associated with the event.